

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: ULKMFFED

Page 1 of 1

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form						
DATE:	To be given:			Сус	le #:	
Date of Previous Cycle:						
☐ Delay treatment week(s) ☐ CBC & Diff, Platelets day of treatme	ent					
May proceed with doses as written, if within 96 hours ANC <u>greater than or equal to</u> 0.5 x 10 ⁹ /L, Platelets <u>greater</u> than or equal to 50 x 10 ⁹ /L, Creatinine Clearance <u>greater than or equal to</u> 30 mL/min, ALT <u>less than or equal to</u> 5 x ULN, and bilirubin <u>less than or equal to</u> 3 x ULN						
Dose modification for: ☐ Hematology [Other Toxicity					
Proceed with treatment based on blood work from						
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm						
Ensure patient is taking thiamine (vitamin B1) 100 mg PO once daily during fedratinib treatment						
TREATMENT:						
fedratinib 400 mg PO once daily. Mitte: days						
Dose modification if required:						
☐ fedratinib 300 mg PO once	daily. Mitte:	days				
☐ fedratinib 200 mg PO once	daily. Mitte:	days				
RETURN APPOINTMENT ORDERS						
Return in weeks for Doctor	and Cycle					
Last Cycle. Return in wee	-					
CBC & Diff, platelets, ALT, total bilirul	oin, creatinine every	4 week	(S			
☐ Other tests:☐ Consults:☐ See general orders sheet for additi	onal requests.					
DOCTOR'S SIGNATURE:						SIGNATURE:
						UC: